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C

# MESOPOTAMIA COMMISSION.

## STATEMENT BY SURGEON-GENERAL SIR HAVELOCK-CHARLES, G.C.V.O.

1. I entered the I.M.S. in 1882, and retired in 1908. Whilst in India I served in military employment—Punjab, N.W. Frontier, Afghanistan, &c., for four years. Subsequently my service was in civil employment—medical colleges and hospitals in Lahore and Calcutta. At my retirement I was Professor of Surgery, Medical College, Calcutta, and Surgeon to the Medical College Hospital. I had to do with the teaching of the Medical Profession in India.

I have served on the Medical Board, India Office, as member from 1907 to 1913, and as President since 1913; also for the year 1907-08 I was Examiner of Surgical Instruments for the Indian Store Depot.

Since June this year, in addition to my office as President of the Medical Board, I am also Medical Adviser to the Secretary of State for India. Since retiring from India I have visited it in 1911-12.

2. The medical hierarchy in India is constituted as follows:—

### A.—Military Side.

- Director, Medical Services (D.M.S.).
- Deputy Director, Medical Services (D.D.M.S.).
- Assistant Director Medical Services (A.D.M.S.) for British troops (R.A.M.C. officer).
- Assistant Director Medical Services (A.D.M.S.) for Indian troops (I.M.S. officer).
- Two attachés: (a) Major (?); (b) Captain (?).
- Assistant Director Medical Services (A.D.M.S.). Distributing officer for War only.

### B.—Civil.

- Director-General, I.M.S. (D.G., I.M.S.).
- Deputy Director-General, I.M.S. (D.D.G., I.M.S.).
- Assistant Director-General, I.M.S. (A.D.G., I.M.S.) (Stores).
- Assistant Director-General, I.M.S. (A.D.G., I.M.S.) (Sanitary).

3. The Director, Medical Services (D.M.S.), India, is an officer belonging to the British Service (A.M.S.). He is responsible for the medical requirements of the whole army of India (British and Indian troops) under the Commander-in-Chief.

A. There are certain details for which he is absolutely responsible:—

1. The Army Bearer Corps—Indians—made up of all castes (except sweepers).
2. The Army Hospital Corps—for Station Hospitals—British troops only. This Corps is made up of sweepers, cooks, *dhobis*, and *bhistis*.

B. There are other details which are supplied to him on indent:—

### 1. Medical stores.

- (a) Divisional Medical Mobilisation Stores (which are kept in each Divisional Headquarters under a M.O. (= Dy. Asst. Dir. Med. Stores, Mob.)). These are absolutely under control of D.M.S. once he receives them.
- (b) The Medical Stores for all station and regimental hospitals.

The foregoing come from the Director-General, I.M.S.

2. He obtains ambulance tongas, hospital clothing, and petty supplies from the Supply and Transport. Also on outbreak of war the menials for mobilised hospitals, Indian troops. (Regarding this last point there is ever trouble.)

3. He obtains tentage from the Ordnance, and furniture from the Military Works.

### 4. He obtains personnel:—

- R.A.M.C., from War Office.
- I.M.S., from the India Office.
- Military Assistant Surgeons, from D.G., I.M.S.
- Sub-Assistant Surgeons, from D.G., I.M.S.

4 The Director-General, Indian Medical Service (D.G., I.M.S.) is responsible for, as regards military matters:—

### (1) The Medical Store Depôts in India:—

- (a) To keep them full, and to forecast as to emergency.
- (b) To appoint the Medical Store Keepers.

(These Store Depôts also supply the civil hospitals in India as required.)

(2) The handing over to Director, Medical Services (D.M.S.) the "Divisional Medical Mobilisation Stores."

(3) The handing over the War Reserve of Personnel, I.M.S., from civil.

(4) The handing over the War Reserve of Personnel:—

- (a) Military Assistant Surgeons.
- (b) Sub-Assistant Surgeons.

(5) The recruiting of temporary medical men from civil for military work.

### (6) For keeping up the Cadre:—

- (a) Indian Medical Service.
- (b) Military Assistant Surgeons.
- (c) Sub-Assistant Surgeons.

24a

contracted in recent years

Q I cannot say who ~~has~~ told me that but I certainly have gathered from various people I have met that there was a great deal more discussion in Council in Lord Curzon's time - that he consulted his Council very freely

460

4696

As a witness about you  
The witness withdrew

Spicer  
Surgeon General Sir Havelock Charles G.C.V.O., I.M.S.  
sworn

4697

Chairman Sir Havelock; you have put in a statement  
A. Certainly <sup>which we will take as your evidence in chief</sup>  
Insert: Paper marked C

4698

Q You retired from India in 1908 and since that time and previously you have been on the Indian Medical Board, India office

A Yes

4699

Q You have been President since 1913

A Yes

4700

Q You have recently had <sup>the</sup> fresh appointment or duty imposed on you, of being medical adviser to the Secretary of State for India

A Yes

4701

Q That is quite recently, is it not

A That is quite recently

4702

Q We have had some evidence before us from various officials including Sir Alfred Keogh and we must be quite certain that we have accurately grasped the distinction between the Military side and the Civil side of the Medical administration in India so perhaps you will allow me just to take you through your statement

4703

A Certainly; The Medical Hierarchy in India ~~is~~  
is constituted as follows - on the Military side  
Director

Director, Medical Services. ~~XXXXXX~~ Deputy Director,  
 Medical Services ~~(A.D.M.S.)~~ Assistant Director, Medical  
 Services ~~(A.D.M.S.)~~ for British troops ~~(A.D.M.S.)~~  
~~officer~~ Assistant Director Medical Services ~~(A.D.M.S.)~~  
 for Indian troops. ~~(A.D.M.S.)~~ officer. Two attaches:  
 1) Major (?) (2) Captain (?) Assistant Director,  
 Medical Services (A.D.M.S.) ~~Distributing Officer~~  
 for war only and two and two attaches

A There is another man, there also called an  
 Assistant Director of <sup>Medical</sup> Military Services, the distributing  
 officer. That has been merely an appointment made  
 for the War. In Peace time there is no such  
 appointment.

4704 2 The A.D. <sup>M.S.</sup> S constantly crops up in connection  
 with Meroptania. That would be a local appointment  
 to yes

4705 2 Would there be more than one messengers there  
 A There might be several. <sup>There</sup> might be one  
 at Basra and there might be one higher up.

4706 2 They I suppose would have control over all  
 Medical officers who were junior to them  
 to yes

4707 2 ~~to~~ Would their power be considerable. Would they  
 have the power of interfering with the ordinary routine  
 say for <sup>of the</sup> medical officer attached to a  
 regiment or to a brigade

to yes, I should say so

~~to he is in fact deputy commanding officer~~

A This regard to the medical officer attached to  
 a regiment any interference with him would be  
 through his commanding officer; through the colonel  
 but if the man were with the Field ambulance  
 or in hospital separated from a regiment the  
 interference would be direct because <sup>a</sup> the Doctor  
 when

4708

when he is placed with a regiment is ~~merely~~ <sup>really</sup> part of the regiment

2 Does that apply say to the Medical officers of a brigade. Would they be under the brigadier in the same way as the regimental officers are under the commanding officer

4709

A I should say not  
Commander Wedgwood

2 Is there a regimental officer with the brigade  
A Not in that way. ~~but~~ <sup>there</sup> would probably be a man advising but not with the brigade

4700

Chairman They would be staff officers

A Yes

4711

2 I suppose for certain purposes they are under the military officers

A Yes

4712

2 And for certain purposes they are under — ?

A Under ~~their~~ <sup>their own</sup> A.D.M.S

4713

2 Now we come to the Civil side. The organization seems to be much the same but not quite so large

A Just at the present time during the war it is much smaller than ~~it~~ is put down there

4714

Lord Hugh Cecil Why is that  
A Because of the call on the Services. Sir Pardey Lukis has had to give up his men. For instance he has ~~sent~~ <sup>not</sup> his Deputy now neither has he got ~~the stores man~~ that is the Assistant Director General of ~~the~~ stores. That man Jay Gould is in Mesopotamia

4715

Chairman : Sir Pardey Lukis is at present Director General

A Yes with the Government of India

4716

2 And also Director is he not of the operations of the two joint Societies of St John

A Yes

Yes, but that has nothing to do with the Government  
Lord Hugh Cecil: Is Sir Pardey Lukis ~~now~~ Director General  
or is he ~~under the~~ Director of Military services

4717  
4718  
4719

A. He is Director General  
2. Was he not appointed Director of Military services  
A. He was for a short time by the Government of India  
2. Why was that appointment not continued  
A. ~~As soon as it became known for confirmation~~  
~~the War Office immediately dispatched~~ After, <sup>Surgeon General</sup> Sir John  
MacNeece was recalled there was a temporary vacancy  
and Sir Pardey Lukis was put in then.

When the War Office  
knew of that they said "This is wrong" and they  
sent out Sir John O'Donnell on their own

4720

Chairman He is now in India  
A. He is now in India

4721

2. ~~Lord~~. They did that in obedience to a general rule  
A. ~~It was not a custom in accordance with their own custom~~

4722

2. ~~to~~ which is - ?  
A. That under no circumstances can a man in the  
D.M.S. hold the appointment of D.M.S.  
It is admitted by them that ~~it is illegal~~  
~~a man D.M.S. can never legally hold it~~  
<sup>they say that</sup> but he shall not do so

4723

Chairman ~~Surgeon General~~ Sir John O'Donnell was in  
Mesopotamia was he not  
A. I am not quite sure. He was not in  
Mesopotamia when he was sent out. He was  
at home in Ireland I think at the time but  
I am not quite sure. I have no information  
on that

4724

2. The Director of Medical Services is responsible  
for the medical requirements of the whole  
army in India under the Commander  
in

42 in chief

1 Yes under the Command in chief

2 There are certain details for which he is absolutely responsible and they are enumerated

1 Yes <sup>with regard to which</sup> ~~where~~ he himself can give all orders without reference to anyone else

4726 2 There are other details which are supplied to him by the ~~Command~~ <sup>on Indents</sup> ~~Head~~ <sup>Medical Stores and Medical Stores</sup> ~~and~~ <sup>Divisional medical mobilization stores</sup> for all stations and regimental hospitals ~~which~~ come from the Director General

1 Yes

4727 2 He obtains ambulances, <sup>longes</sup> ~~blankets~~, hospital clothing and petty supplies from the Supply and Transport

a Yes

4728 2 He obtains furniture and tentage from the Ordnance Department and obtains personnel from the War Office

1

~~He~~ <sup>That is</sup> ~~has~~ his own service - the Royal Army Medical Corps given to him by the War Office here

4729 2 He has to apply to four different sources

1 Yes

4730 2 Is not that rather ~~singular~~ complicated

a It is the order that we have

4731 2 If ~~there was~~ <sup>with regard to reform</sup> ~~no reform~~ and you had a free hand, would it not be possible to simplify the procedure

a I would allow no interference if I had a free hand. If I ~~had~~ was the head of the service I should do everything myself

4732 2 You may indeed from four different sources, ~~then~~ <sup>you</sup> may get a favourable response from ~~and~~ ~~apply~~ three out of ~~the~~ <sup>the</sup> four but the failure <sup>of the</sup> ~~and~~ <sup>of the</sup> ~~fourth~~ will upset all the others

that 198

Yes ~~in (a)~~ I have made a note. ~~There~~ there is trouble with regard to menials for hospitals for Indian troops. My personal knowledge is <sup>that that</sup> has been going on for 30 years. I ~~was~~ <sup>have been involved</sup> engaged in it myself. The menial staff for ~~the~~ general hospitals for European troops is permanent but there is no such staff for general hospitals for Indian troops and therefore when mobilisation is ordered you have to go to the bazaars and hire the establishment.

~~to~~ It has had no training of any kind. You get probably 100 menials who have ~~with~~ <sup>had</sup> no discipline and who know nothing <sup>about the work.</sup> and they are told to carry on. The medical officers in charge get them <sup>they carry on with them</sup> and they carry out to their credit <sup>the</sup> but the kind of staff <sup>the</sup> and the supply of transport can get in the bazaars just at the beginning of ~~the~~ war is only the same whereas with regard to British troops in the general hospital, there are the Army <sup>Bearer</sup> Bearer Corps. These are made up of Indians of all castes except sweepers. They are drilled and put into uniform and are very hardworking and very useful men because they have something to look forward to. The Army Hospital Corps ~~is very good~~ <sup>thoroughly</sup> in time of peace and ~~it is~~ <sup>is</sup> prepared in anticipation ~~for~~ <sup>of</sup> war ~~thoroughly~~ but with regard to the Indian Medical <sup>Service</sup> ~~positions~~ <sup>and</sup> ~~information~~ in the report which I read, several complaints by General Dingley on the point. I understood these because I knew what the trouble was. An enormous number of menials were sent who were ~~perfectly~~ <sup>utterly</sup> useless. The wrong class were sent. They wanted sweepers but they did not get sweepers. The Medical officer in charge of a hospital that is filled to overflowing is in a

~~and he is~~ a very difficult position of course with a medical establishment of that kind.  
 Now that is a thing that could be very easily rectified in time of peace, I look on the medical personnel <sup>as chief</sup> difficulty that he has ~~the personnel~~

43

4733 Q. ~~Answer~~ It has been suggested to us from various quarters that there has been heavy pressure on the medical side but on the ~~medical~~ <sup>on the Medical Establishments</sup> economical side ~~part of~~ the Army during the past few years

a.

It has been so ever since I began my service in India. I have never obtained anything save by ~~having~~ <sup>taking</sup> my head in my own hands. ~~That was all~~. You can get ~~the things~~ I grant, if you fight for them but you have to do it at your own risk and if

you make a mistake they ~~they~~ will get rid of you. If you do not make a mistake they cannot get rid of you and then you get what you want but it is not every man who will take the risk and it is very hard to ask ~~him~~ a man to do so.

4734

2 It is suggested to us that some of the trouble that has arisen in Mesopotamia comes from the ~~an~~ reluctance of officers bred in this atmosphere to ask for things.

What are your views with regard to that

A Men differ in their personalities. Some men will take responsibility but ~~there~~ <sup>other</sup> men do not like to risk their careers <sup>by</sup> fighting for things. They carry on under the Government order as best they can. Another man will say "This should be done so and I will have it done so." But

then



then you cannot expect to get 100 per cent of men who will act in that manner

~~Question~~ Q. But I suppose you generally agree that this pressure that has been exercised for many years upon the Medical Service of India has had a deterrent effect

4735

2 Undoubtedly And men who are not prepared to take certain risks do their best to carry on, <sup>although</sup> they are aware that the ~~amounts~~ <sup>means</sup> ~~at~~ their disposal are not really adequate to the ~~expenditure~~ situation

4736

A Undoubtedly  
2 Now the Director General of ~~the~~ Indian Medical Services seems to be rather dependent on the reserve in time of war

4737

A Yes  
2 And I suppose one of the difficulties of the situation is that he has not large resources or material behind him <sup>when</sup> he has exhausted his first reserve

A It is his duty of course to keep the Medical store books ~~deposited~~ <sup>which</sup> ~~they~~ are situated in Bombay and Calcutta and Lahore thoroughly full He indents upon the India Office here. ~~He~~ only The India Office then sends out and gets what he wishes but they have not a very good way of doing it. They do not keep stores here. It is absolutely an anomalous term "Indian Store Depot". There is no store, it is merely a set of samples. In peace, ~~stores~~ where you have plenty of time that does but in time of War to send out to busy firms a certain number of samples and tell them to contract for them is absurd, it cannot be done in time of war.

I 2 the

~~I he is really~~

~~I~~ ~~you~~ I personally suggested that they should have a store here just as the War Office has and have a reserve. After the War if ~~you had~~ <sup>reserves of</sup> medicines and drugs and appliances, would not have to be auctioned off there would be no loss to ~~India~~. They could all be taken by the Indian Hospitals. Up to now the peace system has remained ~~they could all be taken in by India~~

44

4738

2 The store depots are at Bombay, Lahore and Calcutta

~~I~~ yes. They ~~have~~ <sup>had</sup> one at Madras

4739

2 The ~~staff~~ <sup>and</sup> head of the Medical services is at Simla

~~I~~ Yes

4740

2 There is rather separation there, is there not  
~~I~~ The Director General tours round the whole of India

4741

1 Does he

~~I~~ yes very much. He is quite cognizant of every thing that is going on

4742

2 Now ~~that~~ <sup>through</sup> you are President of the Medical Board and your functions at the India Office are primarily those of an examining ~~body~~ Board

~~I~~ Yes as President of the Medical Board

4743

2 It has not been the practice to ask your opinion on medical questions in India, has it  
~~I~~ Until June last or rather till July when the Secretary of State appointed me as his Medical officer adviser I might offer <sup>express</sup> a proviso ~~and~~ wish ~~expressed~~ and it might be accepted or not or I might be scrubbed for my pains. I ~~had~~ <sup>had</sup> ~~no~~ means of any kind of getting information except by good fellowship say. I had no legal <sup>right</sup>

4744

right of any kind whatsoever  
 Earl of Donoughmore That in July of this year  
 I suppose the reports as regards <sup>the</sup> health  
 or sickness ~~in~~ of the Military troops in India ~~in~~  
 the ~~camp~~ only came to you through the Military  
 Department of the India Office

A They did not ~~even~~ come to me ~~it~~. The  
 whole point arose in this way: Certainly  
 Committees were interfering with the decisions of the  
 Medical Board. The Medical Board ~~has~~ <sup>has</sup> considered  
 that if they were fit to be there ~~their~~ <sup>their</sup> ~~own~~ <sup>own</sup> ~~opinions~~ <sup>opinions</sup> ~~should~~ <sup>should</sup> not be  
 interfered with by people who did not understand  
 and that it was time to go if such interference  
 was persisted in. Another point was this: <sup>on a</sup>  
 Sir Alexander Victor Howley had was engaged ~~at~~  
 certain point with regard to the effect of drink  
 upon venereal disease. He was asking for  
 certain returns from India which me had. I had  
 been engaged on this question myself. I was  
 looking it up at the India Office and I found a  
 great number of returns there on ~~the~~ <sup>the</sup> ~~question~~ <sup>question</sup> which  
 had never been brought before the Medical Board.  
 I thought that that was rather absurd and that  
~~if~~ <sup>as</sup> I was there as President of the Medical Board  
 and as I happened to be also President of  
 the Society of Tropical Medicine of London where  
 I had frequently to defend ~~the~~ <sup>the</sup>  
 Secretary of State for India, it was a very unusual  
 thing that medical returns from India should  
 not come before me. I advanced that opinion  
 to the Secretary of State and he quite saw  
 it and ~~that was~~ <sup>in which</sup> the only way he could get  
 round it ~~was~~ by appointing me as his Medical  
 Adviser. So that the various Departments in  
 the

India office have now been ordered to send to me all medical papers coming from India and to all points of sanitary importance.

That is how that appointment occurred - <sup>Otherwise</sup> I was absolutely shut in with no information

4745 Q ~~Statement~~ You are aware of the scope of the inquiry of this Commission - I assume <sup>that</sup> up to July last you had no official knowledge of what the health of the men was or what the number of casualties were in the Mesopotamia Expedition.

A In 1914 the Secretary of State who was then Lord Crewe, appointed me to a Committee of St John of Jerusalem of which the <sup>Indian</sup> ~~Indigent~~ Soldiers Fund was a sub-committee. Owing to my position on that Committee I was able to visit the various departments in the India office and that was the way in which I obtained my knowledge of what was going on. I was thoroughly familiar <sup>with</sup> what was going on in Mesopotamia. ~~I knew it because I was the one that I got the first cable with regard to this~~ owing to the information <sup>sent</sup> that came to the Indian Soldiers Fund

4746

Lord Hugh Cecil What is the date

A I could not very well give it now. It was some time in 1915. It would be on the proceedings of the Indian Soldiers Fund. Sir John Herrett will have it

Chapter

Chau

4747

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Chairman: ~~They took~~ <sup>It took</sup> the shape of offering to send out ~~stores~~ <sup>comforts</sup> comforts

A: Offering ~~stores~~ <sup>comforts</sup>, and the reply was ~~they~~ "we do not want any." Then a second was sent and then a <sup>request</sup> ~~cable~~ <sup>letter</sup> came about a fortnight afterwards for all sorts of things to be sent

4748

His Archibald Williamson, The Viceroy cabled.

A: ~~Cable~~ on the 23rd December, I think there was something before that

4749

Chairman: ~~They~~ <sup>launched</sup> They asked for motor omnibuses before that

A: There was a long cable before that date (I have copies of the cables) which said "send as out so many thousand yards of this, and so many dressings, ~~and~~ an intolerable amount of things"

4750

Q Do we understand that if you had not been on this Committee you would not have had personal and direct knowledge

A: ~~Nothing but~~ Nothing but what I could read in the press ~~and~~ ~~to~~ ~~do~~ having to do on that committee with the hospital that was founded ~~that~~ brought me a good deal into touch also with the War Office but not legally, only by personal influence

4751

Earl of Donoughmore, through St John's and not through ~~any~~ your official position

A: No - through St John's

4752

Chairman:

A: Yes

Q Had you any idea as to where ~~the~~ <sup>a</sup> hospital would be most useful

A: I spoke to Lord Kitchener about the first idea. I had an interview with him at the War Office. He was really very nice about everything. I said

that

Garden of Suez

that St John's I presumed wished to start one hospital at Marseilles and another at Alexandria and I suggested to him that the moral effect would be good ~~for~~ as the patron saint St John came from Alexandria, ~~that was something for the Dardex~~. He quite jumped at it and he placed every facility in my way for going across to Alexandria. I had practically started with Sir ~~Francis~~ Wynn and we were recalled by telegram. We ~~were~~ returned. It was said "you cannot have the hospital in Marseilles because the French Government will not allow of the sick being transported." After, when I saw Lord Kitchener he said "that is absurd." ~~He~~ happened not to be there at the time when this was done and during his absence the whole of that change was made

46

4753

Lord Hugh Cecil: Which change do you mean

A: The change with regard to withdrawing the permission for the hospital being placed in Marseilles. In that way no Indians would have come to England

4754

Chairman: They would have all been sent to Marseilles

A: They would have all been sent to Marseilles, and from Marseilles to Alexandria, and from there ~~to~~ to Bombay. Lord Kitchener had no knowledge of that until it was finished with

4755

Q The result is what?

A The result is that it was said it must come to England. Then someone went down and took ground in the New Forest, ~~that~~ a terrible place for the purpose. ~~Some~~ hotels were taken. ~~that was taken~~. It is very good in dry weather but ~~in~~ in winter it is a marsh. Sick and wounded Indians were

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were sent down and placed in tents. ~~That~~  
~~was the time when the King went down.~~ The War  
Office did that. The Forest Gate Hotel and another  
Hotel near Brockenhurst were taken. ~~The~~ Snow  
was on the ground ~~at the time~~ when the King  
and Queen went down ~~at~~.

---

and the whole  
place was in the most terrible condition. The  
wrong site was chosen and the New Forest one <sup>is not</sup> ~~was~~  
an ideal ~~site~~ place for the purpose. Then we got  
a gravel site on the top of the hill —  
— an ideal <sup>place</sup> ~~site~~, and that was where  
the Lady Hardinge Hospital was established.  
That was for 520. It could not be better. The  
personnel were retired Indian Medical Service  
officers. These men could not have gone to France  
so there was no loss of material. The war lost  
nothing. However, <sup>through</sup> the Secretary of State <sup>a</sup> ~~was~~  
~~sent~~ <sup>was</sup> sent to India for a certain number <sup>of</sup> for  
menial establishments. They were unable to give  
anything else except the menial establishments.  
That is how that Hospital was established. The  
Lady Hardinge Hospital was opened with <sup>for</sup> 408 ~~beds~~  
~~and~~ <sup>for</sup> 29 sick were treated in it during that  
time. Other Hospitals were started - the  
Pavilion and the Dome in Brighton and at York  
Place in Brighton and also <sup>at Netley.</sup> ~~unhappily~~ in  
~~this particular way~~ in these  
<sup>as I will call them</sup>  
~~the~~ home hospitals we had 3187 beds officered  
by retired men. Then India sent home four  
hospitals. <sup>There was at</sup> ~~three~~ <sup>what was called the Kitchener</sup> ~~to~~ <sup>at</sup> Brighton. ~~They were housed in~~  
<sup>Hospital housed in the</sup> ~~the~~ <sup>workhouse,</sup> ~~these~~ <sup>called</sup> ~~the~~ <sup>the</sup> ~~was~~ <sup>hospital</sup>  
~~and one general hospital~~ and one went to  
Bournemouth. These ~~was~~ hospitals made up

2,516 beds. ~~As for~~ In England ~~for a total~~

we provided for Indians 5,703 beds

Now the total number of sick and wounded Indians that came to England was 14,550.

Lord Hugh Cecil: This hardly relates to our Mesopotamian wounded does it?

A: I merely suggest this - that there were four war hospitals in England that should not have been here

Sir Archibald Williamson: That ~~could~~ <sup>could</sup> have been in Mesopotamia

A: ~~It could have been in Mesopotamia~~ Yes

Q: That is the point. The Lady Hardinge Hospital was erected in January 1915, was it not

A: 20<sup>th</sup> January 1915

Chairman: ~~Three of the hospitals are government hospitals~~

A: Four

Chairman Q: Is ~~that~~ the Lady Hardinge Hospital a Government Hospital

A: No, ~~on~~ 1, 4, and 2 General Hospitals were lodged in the workhouse in Brighton. They came from India

Sir Archibald Williamson Q: Those were government

A: Those were government

Q Lady Hardinge's was ~~the only~~ <sup>a</sup> voluntary one

A: The Pavilion and Dome were voluntary, and York Place also, ~~undoubtedly~~ <sup>Netley</sup> although under the War Office was officered by retired men General Sir Neville Lyttelton. They are nearly all voluntary ~~then~~

A: Yes, to a great extent. There may have been ~~a~~ <sup>a</sup> certain number three, or four, or five officers on the ~~government~~ <sup>active</sup> list

Sir Archibald Williamson: ~~But were~~ What do you



say with regard to the financial support of the hospitals  
 A. Yes, The Government gave for all the hospitals  
 3/- a head per day. If I may say so, taking the  
 government hospitals under King Edward's Fund  
 and calculating - the number of beds in daily  
 occupation, ~~if you had~~ with regard to  
 Indian troops it works out to 2,017. The home  
 hospitals had 3,187 beds. So you had more than  
 1000 beds free. If you admit that  
 line of argument you had an excess of beds of  
 3,686 During 1915 when all the trouble in  
 Mesopotamia was going on and they were  
~~going out~~ <sup>coming</sup> ~~without~~ <sup>for</sup> personnel and hospitals.  
 you had 3686 unoccupied beds in this  
 Country

Sir Archibald Williamson: Per day

~~What is the number of beds in daily occupation~~  
 General Sir Neville Kyttelton. Were these eligible for  
 Mesopotamia

4764

A: The War hospitals <sup>could</sup> ~~should~~ have gone to Mesopotamia.  
 May I distinguish between the two <sup>home</sup> hospitals,  
 the voluntary hospitals, and Lady Hardings Brighton  
<sup>the Pavilion,</sup> the Dome, and York Place, <sup>officerd by</sup> They were ~~all~~ people  
 who could not go away from home. Then you  
 have the Kitchener hospital and the hospital  
 at Bournemouth ~~these~~ <sup>added to four</sup> general ~~hospitals~~ <sup>war</sup>  
 war hospitals

~~These four general hospitals are war hospitals~~

~~Sir Archibald Williamson: Officerd by men and navy  
 Officerd by men on the Navy list~~

4765

Chairman. You would have utilised them where they  
 were more wanted, If I had anything to say in the  
 matter. ~~Officially~~ I did say ~~it~~ very very often indeed  
 to the Military Secretary. ~~Assured~~ <sup>that</sup> it was a shame

4766

Chairman. The Military Secretary. India Office <sup>209</sup>

A: Yes

Q: The suggestion did not meet with favour

A: Well ~~it~~ <sup>there</sup> was a sort of india rubber inertia.

You would strike out and you would get a rebound that is all

4768

Q: Are the hospitals still going on

A: The Kitchener hospital closed on the 22<sup>nd</sup> November 1915. The Bournemouth hospital closed on the 12<sup>th</sup> November 1915 but they did not leave England for sometime after that. They went out in January and February.

Sir Arch

Chapter 3 Small

4769 Sir Archibald Williamson: had the Lady Standnipe hospital that remained open until all the Indian troops were withdrawn from England and no sick were coming to England

4770 Q When was that closed  
A The Lady Standnipe closed on the 2<sup>nd</sup> March 1916

4771 Q ~~How~~ <sup>has</sup> that gone out of existence?  
A That has gone out of existence. All the staff engaged in it are now employed in various parts of England. The Officer Commanding ~~George~~ is now Senior Medical Officer for the Fourth Division

4772 Chairman I understand that a considerable amount of the equip and personnel of these hospitals were supplied by India  
+ All the war hospitals were supplied by India

4773 Q Where are they now  
A I should think two of them at least must be in Mesopotamia. They went ~~from~~ <sup>through</sup> France but I could not say where. They ~~were~~ <sup>went</sup> very likely ~~sent~~ to India or Mesopotamia

Mr Hobbs follows

Chairman

Lord

Lord Hugh Cecil: On Egypt perhaps

A. They would go through Egypt. I do not think they would stop there. Egypt would have hospitals enough. At any rate they were not in Egypt when I was in Egypt myself.

4775

2. You think that they went back to India  
A. I should say so

4776

Chairman: Have you read the Vincent-Dunlop Report  
A. Have

4777

2. It is said that a good deal of the trouble was due to ~~there~~ there being practically only one stationary hospital out there

A. Yes. The point which struck me was that the expedition was sent out to do a small business at first, and it was equipped accordingly, and then it was told to do something more, and it had to attempt to do it before further medical equipment arrived; and then India had not the medical equipment to send because it had, I suggest, sent so much to France and so much here

4778

2. Admitting that there is a certain amount of force in that contention, is it not pretty clear that the medical arrangements, even before the force was largely increased, were not satisfactory? The force went out in October 1914. We have evidence that before the expedition started for Baghdad the arrangements were not satisfactory

A. It seemed to me that whoever sent out the expedition had not thought of what was before it. They had not thought of what kind of transport was most necessary. They did not send tongas because there was marsh land on the banks of the river, and possibly, it was thought that therefore they would be no good, and that is why they did not

4778 send them. Then they did not make arrangements for river transport. I do not look at that as a fault of the medical authorities

4779 Commander Wedgwood: Is it not under the D.M.S.

A. The Quartermaster General. The medical authorities have not to do with the transport

4780 2. They have to suggest it to the person responsible, have they not

A. It depends on the individual

4781 Earl of Douchmore: I know that they do not provide it, but do they not have to ask for it

A. If I were D.M.S. I would ask for it

4782 2. Does it not go further than that. Apart from official reasons does not the doctor know that if anything goes wrong with the sick and wounded it is he who is blamed by the public

A. Yes, but he will not know what kind of country the campaign is being carried on in. That is for the Staff.

4783 Admiral Sir Cyprian Bridge: Would it in your view be the duty of the Staff to ask the medical officers what they require and tell them the kind of country that the campaign was going to be in

A. They should tell the medical officers the kind of country and the difficulties with regard to certain kinds of transport and ask them whether certain other kinds would do.

4784 General Sir Neville Lyttelton: In fact it is a matter for consultation

A. Yes

4785 Chairman: It is hardly fair perhaps to ask your opinion about these matters, but the Report condemned certain people. Do you think that there is a sign of a want of sufficient energy in asking

asking for things for Mesopotamia

A. I have never met Surgeon General Hathaway. I believe that he is a very good fellow, but I do not think that he would stand up to the Commander-in-Chief and draw his attention to section 99 or 100 of the King's Regulations

4786 Lord Hugh Cecil: What is that section?

A. It says that the Commander of an Expedition, or the Colonel of a regiment, is responsible for everything, but that the medical officer is to tell him what he requires and that once the medical officer has told him the medical officer has no responsibility after that if the Officer Commanding will not listen to him

4787 Earl of Doughty: Is that clearly laid down?

A. That is clearly laid down. The section is well known. Very likely the doctor's advice is pushed and he has to say, "Very well, will you kindly refer to section so and so." He does not like to do so. He draws attention to the section and says "You will take my advice or not." It should never be done by word of mouth.

4788 Mr Archibald Williamson: How far does it extend

A. So long as the attention of the proper authority is drawn to it it extends to anything

4789 Chamman: If the general Officer Commanding does not agree with the medical officer and does not forward demands and indents with his authority and approval, is the medical officer relieved from responsibility?

A. Yes, if he puts his demands on paper. It is not sufficient to have a verbal communication; that will not hold; and many a medical officer is let down because he has no evidence

4790 Q. He has made a personal request but has not put it in writing

A. Only a personal request but not in writing

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191  
2 This is a general question: I gather from your evidence that you think that the present system of supplying the medical wants of the Army in India requires revision  
 A Yes. I have knowledge of what went on before the war. When the medical budget went in and certain things like munitions or barracks were required I know a very excellent Commander-in-Chief in India who was accustomed simply to wipe out half the medical budget and add it to the budget for other things.

4792 2. Your experience is that when Army Estimates are squeezed it is the non-combatant services which get squeezed first

A Yes, the medical does

4793 2. I suppose that it is generally in connection with medical stores that the pressure is put on

A Yes

4794 Earl of Donoughmore: To take the questions which have just been put to you by the Chairman, I quite see your point that it is the duty of another Department to provide transport

A Yes

4795 2. It would be much more satisfactory, I take it, if you were allowed to provide your own transport

A Yes

4796 2. Your own transport has the Red Cross flag over it, and, therefore, it is a separate thing from all other transport, or it should be

A Yes

4797 2. Is there any way in which the system provides for ~~any~~<sup>new</sup> inventions which come along. What is in my mind with regard to the war is motor ambulances which are practically a new invention. Would you if you were looking at it, so to speak, from outside, have expected motor ambulances to

have

have been thought of first by the medical authorities  
or by the transport authorities

A. By the medical authorities; I should credit them with that

4798 Q. It is obvious, is it not  
A. Yes

4799 Q. But at the same time it would not be their business to provide them

A. Certainly not

4800 Q. It would be within their province to suggest them

A. They could ask for them but they would probably never get them. They would get them from the public

4801 Q. But would they be wrong if they did not ask for them

A. It would be a sin of omission but not a sin of commission.

4802 Q. Because the transport officer ought to have thought of them

A. Yes, ~~he~~<sup>he</sup> ought to have thought of them

4803 Q. That is the way in which you would regard it, at any rate

A. Yes

4804 Q. The same argument I take it would hold good with regard to hospital ships

A. Certainly. I look upon it that the D.M.S. ought to be so wrapped up in his duties that he should be always thinking of how best to get along his sick with the least trouble to them, and if he heard of a motor ambulance he should go and see whether it would do for him.

4805 Q. You would still, so to speak, accept responsibility on the part of the Medical Service for an inventive brain

A. Yes

4806 Q. You would not expect the transport people to think for themselves, ~~of that kind of thing~~ A. Yes



5) A. I look upon it in this way, that a man who does not think like that is not fit for his billet

14807 Q. Granted that you ought to think of it, it would be more satisfactory if you also provided it?

A. Yes

4808 Q. The transport officer cannot supply it without permission. I must admit that the medical officer who would suggest getting ambulance transport would have a very difficult task before him

4809 Q. He would have to prove to a non-expert that it was necessary

A. He would have to fight for it

4810 General Sir Neville Lyttelton: My experience, which is considerable, is that the Medical Department can spend anything in war time

A. Yes, now.

4811 Q. Not only in war time but generally what is the position

A. Now the egg is made to stand on its end

4812 Q. Well, I do not know about that

A. You can get as much <sup>money</sup> as you like now.

4813 Q. In war-time you always can. In South Africa, and in Egypt it was the same, they only had to ask to get things. That was the case over and over again

A. War-time is different

4814 Q. You may be right with regard to peace time but there ought to be no fear on the part of the Medical Department with regard to asking for things

A. Exactly

4815 Admiral Sir Cyprian Bridge: Your point is that the things ought to be there before war begins

A. Yes. The war has brought out an enormous number of inventions.

4816 Chairman: The point goes a little further surely: Is it not the contention that just as science is changing the methods of fighting so science is developing and changing the medical treatment of the wounded

A Yes

4817 Q. And the two have more or less to go together

A Yes. There are some matters in medical practice that will ever remain

4818 Q. The operative effect of improved scientific arms is so apparent that there is greater readiness to supply them than there is <sup>to yield</sup> to demands for scientific appliances for treating the sick and wounded

A Yes

4819 Q. As I understand it that is your contention

A Yes. It struck me that there was not sufficient thought given to the possibilities of there being a greater number of wounded

4820 Q Quite so - the casualty list being greater than was anticipated

A. The casualty list was greater than that for which arrangements were ~~given~~ made

4821 Q. The requirements with regard to casualties were based largely on frontier warfare?

A Yes, on old ideas.

4822 Earl of Donoughmore: I quite appreciate your point about the difficulty that you are in owing to the fact that you have to specially enlist your medical personnel, but there ought to be no difficulty about changing the system, I take it. What happens in peace time as regards hospital accommodation for the Indian troops

A. It is a disgrace to the Government of India

4823 Q. Do you mean that there is none

A It is terrible. You are speaking of Indian troops?

4824 Q Yes

52  
4825

A. There has been a strong agitation to bring in the station hospital system, and it must come. If the station hospital system comes in for Indian troops then this point will be rectified, because then you will have an Army Hospital Corps for Indian troops just as you have for British troops now. I must admit that for many years I was opposed to the station hospital system for Indian troops because I had my more pleasant memories of regimental life. The system is very different from what it is for British troops, but with common sense and tact it can be done, and it must be done; there is no help for it.

2. I want to get it quite clear: the four hospitals that you spoke of that were brought home and not fully utilised in England were not the only things that were brought home from India. Hospitals were brought home from India and taken to France? Yes, and Egypt and East Africa. India, which in peace time only prepares for wars upon its frontiers and never for overseas operations, was absolutely asked to send the best that she had got to France, and she sent the best to France; she sent the second best, or the third best, to East Africa, and the second best to Egypt and then whatever remained, the dregs, to Mesopotamia.

4826 Lord Hugh Cecil: In order that we may understand the mechanism may I just put to you <sup>how</sup> two or three typical articles are obtained. Supposing that a regimental medical officer is in want of quinine for the health of ~~his~~ <sup>the</sup> troops under his care, to whom does he apply for the quinine?

A. In time of war?

4827 2 Yes; on the Tigris, for instance, at Amara

Q Now that they have their advanced store depôt there I should think that he would send to there at once or if his A.D.M.S. was coming round, as he <sup>should</sup> ~~had~~ to frequently, he would say to him, "I have no quinine".

4828 Q If he had not an advance store depôt he would have to send to the base depôt at Basra

A Yes, at Basra

4829 Q He would go to the A.D.M.S., you say

A Yes, if he were near he would do so

4830 Q What officer would be responsible at the base

A The D.M.S. would be responsible at the base

4831 Q The application from the regimental medical officer would go straight to the D.M.S.?

A Possibly, but the regimental medical officer would obtain what he wanted from the nearest place, that is, from the field ambulance

4832 Q And the field ambulance would apply to the D.M.S.

A Yes

4833 Q How would the D.M.S. get quinine from India or wherever it was to be obtained from

A He would send his indent to Simla

4834 Q To what officer would he send it - to the Director of Medical Services in Simla? Take the Divisional Medical Mobilisation Stores

A The Director General in India has nothing whatsoever to do with any military matter of any kind. He supplies the D.M.S. with stores which are placed with the head of each Division and they are called Divisional Medical Mobilisation Stores. They are kept unopened and they are under the charge of a medical officer. It is the part of the D.M.S. to keep those stores always up-to-date

4835 Q The D.M.S. or the D.G.M.S.

A The D.M.S. He asks for these, and he keeps the regimental

regimental medicines up to date and he keeps the station hospital medicines up-to-date. He gets them from the Director General, and the moment that the Director General has given them over his responsibility ceases.

53

4836

2. Is he only in the position of a contractor & No, he represents the Government of India. The military are the servants of the Government of India. They go to the Government of India and say, "We want so much", and the Government of India have to pay for it

4837

2. The D.G.M.S. gets the things together for the Government of India

A Yes

4838

2. The D.M.S. is responsible and not the D.G.M.S. for having his stores full?

A If the D.G.I.M.S. does not supply what is requested he is responsible. They should be in India, but if his depôts are empty when they should be full the D.M.S. has no responsibility; the whole responsibility is then with the D.G.I.M.S.

4839

2. It is the business of the D.G.M.S. to see that there are sufficient stores in India, and it is the business of the D.M.S. to see that he has his share

A Yes, to see that they are in the hands of the proper authority

4840

2. A demand having been sent from Basra to Simla, it goes to the D.M.S. at Simla

A Yes

4841

2. Whose business it is to have the necessary things in store there

A Not in Simla. The D.G.I.M.S. has established a medical store depôt at Basra since the war began and a smaller one up country. Whether

those two medical store depôts in Mesopotamia are under the military authorities or still remain under the civil authorities I cannot say, but if they were in India they would be under the civil authorities. I should say that in a war zone the civil element does not hold.

- 4842 Q. Suppose for a moment that a demand has come to India from the front
- A. The Director General of Indian Medical Services would give his order to the store depôt at Lahore or Bombay to supply such and such, and the things would be handed over to the Director of Medical Services

- 4843 Q. And the Director of Medical Services would out of those stores meet the demand
- A. Yes

- 4844 Admiral Sir Cyprian Bridge: If a demand has gone from Basra to Simla to the D.M.S., from him it goes to the D.G.M.S. also in Simla

A. Yes

- 4845 Q. Then it goes probably to Bombay

A. Yes

- 4846 Q. Is there any reason why it should not go to Bombay direct

A. Of course it is quite possible that it could do so. You can indent direct. Supposing that a man in India is in charge of a civil hospital and he wishes for medical stores, he makes an indent and sends it to the Inspector General of Civil Hospitals, his superior officer. It is initialled and it is sent to the Medical Store Depôt, who send the drugs, and so on, to the hospital direct.

- 4847 Q. It has not necessarily to go to Simla
- A. It would not go to Simla at all. It is quite possible

that

that during the war they may have short circuits whereby they can send direct to Bombay or to Calcutta

4848 Lord Hugh Cecil. You said that the demand had to be initiated by the D.G.I.M.S., as I understood

1. By the senior. The Director General of Indian Medical Services could very easily authorize the store depots to fulfill indents direct

4849 2. So far as responsibility goes the D.M.S. in India is responsible for being able to meet demands from the front for stores, and that responsibility can only be shifted if he has made an application to the D.G.I.M.S. and the D.G.I.M.S. has not been able to meet the application, or has not met it

1. Yes

4850 2. That applies to quinine, for instance. What is the process with respect to an ice making machine

1. An ice machine would be got from another Department. The Commissariat would supply it

4851 2. The medical officer would apply to the Deputy-Assistant Quartermaster-General?

1. Yes. It is the Quartermaster-General's Department

4852 2. It would go up through the Quartermaster-General

1. Yes, up in that way. The medical authorities have nothing to do with anything except surgical equipment, medicines, instruments and personnel.

4853 2. But they might want an ice making machine very badly for a hospital

1. Certainly, but it is not within their province to furnish it

4854 2. They have to apply to the Supply Department to the Quartermaster-General

1. If surgical instruments or medicines are deficient the medical authorities are absolutely responsible, but they are not responsible for not having an ice

machine unless they have not asked for it

4855 2. Supposing that in a field ambulance you want more personnel because there is a larger number of casualties than was anticipated, how is the personnel increased

A. That is the function of the Assistant Director of Medical Services

4856 2. Does the medical officer in charge of the field ambulance apply to the ADMS

A. Yes, it is the direct duty of the A.D.M.S. to deal with it

4857 2. To whom does he apply

A. If he could not move a man from another place and stick him in there he would apply to the base and if they had none, say, at Basra they would have to try India

4858 2. Have you ever heard of the rule that you must not send a second indent if you do not get what you asked for the first time

A. Well, if you do not ask a dozen times you frequently do not get what you want. The Parable of the Unjust Judge holds good in India more than in any other place

4859 2. We were told that it was contrary to rule to ask a second time, because it was to be assumed that as soon as circumstances permitted you would get what you asked for on the first application, and that a second application was therefore impertinent and unnecessary,

A. I never follow that rule myself

4860 2. Can you tell me where the medical stores which are in India are made. Are they all made in England and sent out to India or are some of them made in India

A. Take senna, for instance, which grows in India. Many drugs grow in India. A foolish individual



would order them from Europe but a wise individual would buy them ~~there~~. As a rule the indent comes to the Indian Store Department here

4861

2. Take bandages for instance. do they not make bandages in India

1. Yes, they do, and the bandaging cloth is much better

4862

2. Do they send here for them

1. If I may tell you what I did personally, I never got any bandages from depôts at all but I bought the stuff locally in the bazaar. In that way I saved money and I got better bandages

4863

2. That is not the general practice?

1. That is not the general practice. You cannot very well do it in war time. You cannot go into those places and buy

4864

Commander Wedgwood. Surgeon General Hathaway bought a lot  
Witness: You may get it in Bombay and places like that but you cannot get it up country. Of course it is most expensive to buy bandages. It is much better to make them

4865

Lord Hugh Cecil: Where are they made

1. The civil hospitals in India make their own bandages

4866

2. A certain quantity of stores are made in India and can be obtained there, as I understand you

1. Yes

4867

2. The rest are obtained through the India Office

1. Yes

4868

2. In the management of a hospital who determines that a man is to be treated as a convalescent. What rank of the medical service <sup>says whether</sup> ~~is~~ that he is fit to be moved

1. There is generally a Board composed of two or three officers on the staff of the hospital. Supposing that in my ward I have to-day four patients ready to be

discharged

discharged, a Board is held and I bring them up before the Board, who are my colleagues, and then each case is adjudicated on in that manner.

4869

2. Would it be so in a place like Basra.

A It should be the same in every place. That is the process that I saw working in Egypt

4870

2. If there were evidence that patients were sent back to India who were not really fit to be moved, the Medical Board at Basra would be to blame?

A I should think so.

4871

Commander Wedgwood: When were you made medical adviser to the Secretary of State for India

A. The matter went through about June

4872

2. Are you shown the answers, or do you draft the orders given by the Secretary of State in Parliament on medical questions

A No, I have nothing whatever to do with that

4873

2. So that his statements on medical matters in Mesopotamia in the House you are in no way responsible for

A I am not responsible in any way for them

4874

2. Surely, as medical adviser you ought to see those statements before they are made public

A. But the answers in the House were mostly given before I was appointed adviser. The Secretary of State certainly, latterly even before I was appointed, asked me ~~myself~~ <sup>himself</sup> with regard to certain points concerning Mesopotamia. He has sent in to me more than once ~~on the subject~~ <sup>on the subject</sup> ~~certain information with regard to Mesopotamia.~~

4875

2. So that those answers which were described as "eyewash" you ~~were~~ <sup>would</sup> not be ~~being~~ responsible for  
A No, certainly not.

4876

Mr Archibald Williamson: I have some doubt about how far what is required for an expedition ought to be foreseen when the expedition first goes out. I take

it that if the medical men at the head of the expedition are consulted at all they have to estimate for what they expect to need in the country that they are going to.

Q Yes, they have to.

2. Therefore it would not be an excuse on the part of a head official in India to say that he had provided what he had been asked for.

Q You mean a medical official?

A Yes.

1. The Director of Medical Services should have had a conference with the Quartermaster General and the Adjutant General as to the kind of country that the expedition was going into. The Quartermaster General would probably say, "What is the climate?" They would know that from the reports of the political officers. The Director of Medical Services would say, "I advise such and such clothing", although he has nothing to do with the clothing, and he would then say "Such and such drugs are wanted."

2. Supposing that there were such a consultation in India when ~~an~~ <sup>the</sup> expedition was first going out, would it be the duty of the D.M.S., if he was present at that consultation, to say "There ought to be a supply of ice making machines, of electric fans, of motor ambulances and, possibly, of hospital boats or ships". Would it be his duty to say that such things ought to be provided?

A Yes, I should say so.

2. If it was stated that what was provided was the ordinary or normal Indian standard, would that be adequate in view of the fact that Mesopotamia has a very unhealthy climate.

A The Indian standard is never sufficient

4881 Q. And what was sufficient in India would be insufficient in Mesopotamia.

A. Most certainly.

4882 Q. The climate of Mesopotamia is well-known to be what is called a deadly climate.

A. Yes, it is unhealthy. Many years ago I personally had to take a field hospital, now called a field ambulance, on an expedition. It was to be away from the base for eighteen months at least. They said to me, "You can have whatever you want." The responsibility, therefore, was on me. I asked for what I wanted and I got what I wanted. I had no trouble.

4883 Q. Is it the case that if a medical officer of an expedition asks for tents or for sterilizing plant for water, or for anything of that sort, what he obtains remains with him and his ambulance column, or is it handed back again after it has been used at one place.

A. If he was leaving the place and could not take it with him he would naturally hand it over. Take for instance, the hospitals at Alexandria <sup>which</sup> have been demobilized. A large Thresh's sterilizer, for example, is a very heavy thing to carry. If the hospital is leaving Alexandria to go to Suez and it is known that there is one at Suez, they will not carry theirs with them but they will use the one already at Suez.

4884 Q. I take it that the shortage in equipment really applies more to the ambulance columns than to the stationary hospitals. The evidence before us seems to point to the fact that the stationary hospitals were moderately well equipped while the ambulance columns have been short. I do not know what the proper description is.

A. The

Q The ambulances are not supplied with high pressure sterilizers. They are supplied with small sterilizers, and the fact of the matter is that even the general hospitals are not supplied with them

2 If once things are supplied, do they remain the property of the ambulance column if they are things which can be carried away

A Yes. No one can take them from the medical officer if he does not wish it. It is quite possible in the case of a transfer from one place to another that there will be an order to the medical officer to leave such and such things behind, and he will be told that they will be supplied at the next place. That is quite usual

Q In view of all that has occurred, would it have been better, do you think, if England had taken charge of the medical arrangements of the expedition in France and had left India to attend to frontier and other lesser expeditions

A England would have been much better able to do it.

2. If we had known what we know now we might have found the solution for much of the difficulty that has been experienced

A. I have lived for a long time in India and have a fair knowledge of India and of Indians. I may be speaking out of my own province, but personally I was always opposed to the coming of Indian troops to Europe, and I was strongly opposed to the coming of sick Indians to England. We have lost more than we have gained, I consider, through that. If India had been allowed simply to do her share in Asiatic warfare I consider that she would have done it thoroughly well

2. Leaving England to attend to European warfare?

A Yes. I think that India was bled white in Europe and then was asked to carry on in Asia.

4889

Admiral Sir Cyprian Bridge. I want to amplify what was put so you by Sir Archibald Williamson. You are aware that in the War Office - I believe - and certainly in the Admiralty, there are what are called plans of campaign, plans of operations that are ready to be put into action in any place where there may be trouble

A Yes

4890

2. Is there anything of the sort with regard to medical matters

A What has occurred would lead me to believe that there is not. I am strongly of opinion that there should be, and it is disgraceful that it should not be so. As far as I know it is not so, but there should be a plan of campaign, because such a plan would naturally take into account what has been spoken about with regard to climatic conditions and everything else

4891

Sir Archibald Williamson: It has been stated to the Commission that with the original force the normal medical equipment was sent in personnel and so forth. I gather that in your opinion the normal equipment would in any case have been insufficient in Mesopotamia

A Yes

Chairman: Thank you.

The Witness withdrew

Adjourned to Tuesday next at half past 10 o'clock

Horace William Hill

Shorthall White